

VILLAGE OF BURR RIDGE COMMUNITY DEVELOPMENT DEPARTMENT

DEMOLITION GUIDELINES

The following information is being provided by the Community Development and Public Works Departments concerning demolition of a single family residence.

When applying for a demolition permit, the following items must be submitted:

- Permit Application
- Water/Sewer Disconnect Application
- 2 copies of a Legal Plat of Survey showing existing water and sewer lines to be disconnected, well and septic system (where applicable)
- \$5,000.00 Cash Bond

Dust Control

Any person moving or wrecking a building shall have facilities available to water the construction site during demolition activity for the purpose of providing adequate dust control. Watering shall be provided in order to prevent excessive dust from moving beyond the property lines of the site on which the moving or wrecking is occurring.

Notice to Adjoining Properties

The permit applicant shall submit an affidavit to the Building Officer verifying that notice has been provided to all property owners within 250 feet of the property of the impending demolition work. The notice shall specify a period of one week or less in which the demolition will occur. The notice shall be mailed at least 7 days in advance of the demolition (not counting the day or week of demolition and not counting the day the notice is provided). If demolition does not occur during the time specified in the notice, a new notice shall be provided with a new affidavit submitted to the Building Official. (See sample Notice and Affidavit).

Public Work's Procedures

The Public Works Department requires an inspection of the water/sewer service lines before a demolition permit is obtained. The following is a list of guidelines:

- Contact the Public Works Department at (630)654-8181, menu option 7 to schedule an appointment for removal of the water meter and the service line inspection.
- If the same service lines are to be used for construction of a new residence, the end of the service lines should be located and marked with a 4x4. If the services lines are not going to be used again, it should be dug up at the B-Box/water main and sewer stub/sewer main and disconnected as determined by our inspector. If this is the case, a second appointment may be needed to verify disconnection.

Please note the Village only inspects properties located in Cook County (Metropolitan Sanitary District) for sewer disconnection. Properties located in DuPage County are either located in the Hinsdale Sanitary District or the DuPage County Sanitary District. If this is the case, you must contact either sanitary district to schedule an inspection and provide documentation of their approval.

Hinsdale Sanitary District	(630) 323-3299
DuPage County Public Works	(630) 682-7130

Wells located on the Property

Generally, if an older home is being demolished, it is probable that a well is located on the property. Whether the property is located in DuPage or Cook Counties, you must obtain approval from the County Health Department informing the Village that the well has been properly sealed/capped. In order to maintain the well, you still must provide approval from the County Health Department.

Cook County Health Department	(708) 492-2035
DuPage County Health Department	(630) 682-7979

(see well sealing application contained in packet for DuPage County)

Septic System located on the Property

If there is a septic system on the property, it must be properly pumped and filled or removed. Evidence of this work must be provided by a septic company.

Cook County Demolition Permit (Asbestos Removal)

For properties located in Cook County, approval must be obtained from the Cook County Environmental Control Bureau for asbestos removal (see attached procedure from Cook County).

Illinois Environmental Protection Agency

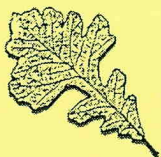
Comply with the requirements set forth in the attached packet. Provide copies of compliance.

Issuing a Demolition Permit

Upon completion of the above matters and payment of remaining fees, the permit may be issued.

Demolition Permit Fee	\$50.00
Water Disconnect Fee	\$100.00
Sewer Disconnect Fee	\$50.00 (where applicable)
Outstanding Water Bill	\$????

g:\community development\building enforcement\procedures and forms\misc permit handouts\demolition guidelines.doc



VILLAGE OF BURR RIDGE

APPLICATION FOR BUILDING PERMIT

BP# _____

APPLICATION IS HEREBY MADE SEEKING PERMISSION FOR:

☐

New Single-Family Residence
\$400 Fee Deposit Required

☐

New Non-Residential Building
\$650 Fee Deposit Required

☐

Addition/Alteration to Single-Family Residence
\$200 Fee Deposit Required

☐

Addition/Alteration to Non-Residential Building
\$650 Fee Deposit Required

☐

Miscellaneous/Other (Please Describe)

Additional Fees Will Be Due Prior to Issuance of the Permit.

Deposit Received: \$
(for Office Use, Only)

Address of Property: _____

PIN # _____

Subdivision: _____

Lot # _____

Township: Lyons / Downers Grove
(circle one)

AN ACCURATE PLAT OF SURVEY MUST BE INCLUDED WITH ALL PERMIT APPLICATIONS

PERMIT APPLICANT: _____ PHONE: _____ FAX: _____

APPLICANT'S ADDRESS: _____ CITY: _____ ZIP: _____

The permit applicant may be the general contractor, property owner, or other representative of the property owner authorized to submit this application and to proceed with all work requested herein. All correspondence and inquiries from the Village of Burr Ridge during the plan review and construction process will be directed to the permit applicant, only.

PROPERTY OWNER: _____ PHONE: _____ FAX: _____

OWNER'S ADDRESS: _____ CITY: _____ ZIP: _____

ARCHITECT: _____ PHONE: _____ FAX: _____

ARCHITECT'S ADDRESS: _____ CITY: _____ ZIP: _____

GENERAL CONTRACTOR: _____ PHONE: _____ FAX: _____

CONTRACTOR'S ADDRESS: _____ CITY: _____ ZIP: _____

For permit applications related to single-family residences, please allow 10 business days for plan review. For non-residential applications, please allow 12 business days for plan review. You will be contacted immediately upon completion of the plan review. If plans and related documents are not completed in full compliance with the applicable codes of the Village of Burr Ridge, resubmittal of plans and review of said plans by the Village of Burr Ridge will be required and will delay issuance of the permit.

The above information and the attached Plat of Survey are true and accurate to the best of my knowledge.

Signature of Applicant

Date of Submittal

Site Address	Permit #
APPLICATION FOR WATER/SEWER DISCONNECTION Village of Burr Ridge 7660 County Line Road, Burr Ridge, IL 60527 (630) 654-8181	
<input type="checkbox"/> Village Water <input type="checkbox"/> Well Water <input type="checkbox"/> Septic <input type="checkbox"/> Village Sewer <input type="checkbox"/> DuPage Sewer <input type="checkbox"/> Hinsdale Sewer	
Owner's Name	
Owners Address	
	Phone #
Subdivision	Tax I.D.
Plumber	Phone #
General Contractor	
Address	Phone #
In making this application to disconnect Village of Burr Ridge water and/or sewer service, I hereby agree that all work will be performed in accordance with Village Ordinances.	
NOTE: THE APPLICANT AGREES TO NOTIFY THE VILLAGE AT LEAST 24 HOURS PRIOR TO THE COMMENCEMENT OF THE WORK TO BE PERFORMED.	
Signed	Date

FOR VILLAGE USE ONLY	
Village Water <input type="checkbox"/> Site Inspection <input type="checkbox"/> Water Meter Removal <input type="checkbox"/> Service Line Inspection <input type="checkbox"/> Disconnection complete <input type="checkbox"/> Final Water Bill \$	Sewer – Village <input type="checkbox"/> Hinsdale <input type="checkbox"/> DuPage <input type="checkbox"/> <input type="checkbox"/> Site Inspection <input type="checkbox"/> Service Line Inspection <input type="checkbox"/> Disconnection complete

Approved Pending Payment of Final Water Bill

Approved	Date
----------	------

SAMPLE NOTICE

Date

Dear Resident:

Please be advised that (Contractor Name) has applied for a permit with the Village of Burr Ridge to demolish the single family residence located at (Site Address), Burr Ridge. The work is scheduled for completion during the week of (week demolition work will occur). If you have questions, please contact (Contractor contact) at (Contractor Phone Number).

SAMPLE AFFIDAVIT

STATE OF ILLINOIS)
)SS
COUNTY OF)

AFFIDAVIT

I, _____ being duly sworn under oath state as follows:

That I am the applicant in Permit Application # _____ for a permit to demolish the property described in said application or have been duly authorized by the applicant to do the things referred to this Affidavit for and on behalf of said applicant.

That I, on the _____ day of _____, 20____, sent the required notice to all properties within 250 feet of the boundary lines of the property described in said application for permit; notifying the specific week which the demolition work will be performed. The notice was mailed at least 7 days in advance of the demolition (not counting the day or week of demolition and not counting the day the notice was provided).

Signature of Applicant

STATE OF ILLINOIS)
)SS
COUNTY OF)

I, _____, being duly sworn, deposes and says that he/she is the Affiant, and is duly authorized to make this affidavit; that he/she has read the above and foregoing affidavit and has knowledge of the facts stated therein, and that the matters and things therein set forth are true in substance and in fact

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20_____.

Notary Public



DuPage County Health Department

111 North County Farm Road

Wheaton, IL 60187-3988

Telephone: (630) 682-7400

www.dupagehealth.org

WATER WELL SEALING APPLICATION

Date: _____

Name of Applicant: _____ Phone (____) _____

Property Owner: _____ Phone (____) _____

Well

#1 Property Address: _____

PPN: _____

For multiple wells to be sealed on the same date:

Property Owner: _____ Phone (____) _____

Well

#2 Property Address: _____

PPN: _____, _____, _____

Well

Property Owner: _____ Phone (____) _____

#3

Property Address: _____

PPN: _____ - _____ - _____ - _____ , _____ , _____ - _____

Well

Property Owner: _____ Phone (____) _____

#4

Property Address: _____

PPN: _____

Fee must be paid prior to scheduling the well sealing. Contractor must still contact the area sanitarian in advance to schedule the well sealing inspection.

Fee: \$50.00 per well (Checks made payable to DuPage County Health Department)

Amount Enclosed: \$ _____

Number of Wells to Be Sealed: _____

FOR OFFICE USE ONLY

Fee Paid: \$ _____ (Receipt # _____) Sanitarian/Office _____

THE BOARD OF COMMISSIONERS

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EARLEAN COLLINS	1st Dist.	PETER N. SILVESTRI	9th Dist.
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		ELIZABETH ANN DOODY GORMAN	17th Dist.



BUREAU OF ADMINISTRATION
DEPARTMENT OF ENVIRONMENTAL CONTROL

KEVIN N. GIVENS

ACTING DIRECTOR

69 West Washington • Suite 1900
Chicago, Illinois 60602-3004
TEL (312) 603-8200
FAX (312) 603-9828

October 2, 2003

Dear Contractor/Home Owner,

Please be advised that the following forms for the Cook County Department of Environmental Control- Asbestos and Demolition Division have been **changed and are effective immediately**:

- 1.) NOTIFICATION OF DEMOLITION AND RENOVATION (FOR ASBESTOS ABATEMENT AND COMMERCIAL DEMOLITIONS)
- 2.) REVISION APPLICATION FORM (FOR ALL ASBESTOS/ DEMOLITION PERMIT MODIFICATIONS)

On **November 3, 2003** these forms will be the **ONLY** forms accepted by our agency for asbestos/commercial demolition projects or modifications to Asbestos and Demolition permits. Every applicable area of these forms must be completed in order to be processed.

Attached you will **find copies** of the above referenced **new forms** for your convenience. We appreciate your cooperation and look forward to doing business with your company in the coming seasons.

Please remember as of **November 3, 2003** no other forms will be accepted. The application used for asbestos abatement/commercial demolition is NOT accepted for permit modifications. All revision/modifications must be faxed within at least a 48 hour time frame of the change being made. Please feel free to contact LaNeesha Barker at our office with any questions or concerns at (312)603-8200.

Very Truly Yours,

Rudolph Trejo Jr.
Manager of Industrial Services



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1st Dist.
2nd Dist.
3rd Dist.
4th Dist.
5th Dist.
6th Dist.
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8th Dist.

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9th Dist.
10th Dist.
11th Dist.
12th Dist.
13th Dist.
14th Dist.
15th Dist.
16th Dist.
17th Dist.



BUREAU OF ADMINISTRATION
DEPARTMENT OF ENVIRONMENTAL CONTROL

KEVIN N. GIVENS
ACTING DIRECTOR

69 West Washington • Suite 19(X)
Chicago, Illinois 60602-3004
TEL (312) 603-8200
FAX (312) 603-9828

ASBESTOS AND DEMOLITION POLICY

Demolition is the wrecking or taking out of any load-supporting structural member of the building, whether or not there are regulated asbestos containing materials (ACM) present.

Renovation does not involve the wrecking or taking out of any load-supporting structural member of the building, but does include the stripping or removal of any ACM.

PERMIT APPLICATION FORMS

Residential Demolition Application form is required for the demolition of a residential building with four or *less* dwelling units (includes garages). This application, and the following three items, must be submitted to this Department at least ten (10) working days before the start of the project.

1. Permit fees (explained below)
2. Hand drawn site plan ("plat of survey" could be substituted)
3. Asbestos assessment report conducted by a licensed (Illinois Department of Public Health) asbestos inspector.

Notification of Demolition and Renovation form is required for all renovation projects (residential, commercial and industrial). This form is also required for demolition of all industrial structures, all commercial structures, and residential buildings which have *more* than four dwelling units. This application, and the following three items, must be submitted to this Department at least ten (10) working days before the start of the project.

1. Permit fees (explained below)
2. Hand drawn site plan required for demolition projects only (not renovations)
3. Asbestos assessment report required for demolition projects only.

PERMIT FEES

Demolition Permit Fee = FILING FEE (\$25) + INSPECTION FEE (\$75 per structure)

Examples: Garage only = \$100; House only = \$100; House & detached garage = \$175.

Commercial/industrial sites require separate permit for each structure: \$100 per structure.

When an asbestos removal permit has been obtained, the demolition permit fee will be waived when it is for the same structure.

(Continued on back)

PERMIT FEES (Continued)

Asbestos Removal Permit Fee = FILING FEE + INSPECTION FEE

FILING FEE = \$100

INSPECTION FEE = \$3 /sq. ft. ACM or \$1 /linear ft. ACM up to a maximum of \$1000.

Cook County does not distinguish between friable & non-friable ACM in the above fees.

RESIDENTIAL: Filing fee only required.

COMMERCIAL or INDUSTRIAL: Filing fee plus inspection fee are required for all demolitions or renovations projects.

REVISIONS

Submit to this Department the Cook County **Revision Application** and make the changes as requested. This revision application must be faxed or mail-received at least 48 hours prior to the work related revisions or start date changes.

**ASBESTOS ABATEMENT/DEMOLITION/RENOVATION
PROJECT UNIFORM NOTIFICATION FORM**

Date: _____

Revision # _____

Item Number(s) Revised _____

* If revision, complete below.

Fax #(217)785-5897(IDPH ONLY)

Projects greater than 3 sq./ft. and/or 3 in.ft. and ALL school projects shall be submitted to IDPH.

Projects greater than 160 sq./ft. and/or 260 in./ft. and demolition projects shall be submitted to IEPA.

COOK COUNTY DOES NOT ACCEPT THIS FORM FOR REVISIONS

This form shall be used for all Original and Revised Notifications submitted to ILLINOIS ENVIRONMENTAL PROTECTION AGENCY(IEPA), ILLINOIS DEPARTMENT
OF PUBLIC HEALTH (IDPH) AND COOK COUNTY DEPARTMENT OF ENVIRONMENTAL CONTROL(CCDEC)

TYPE OF NOTIFICATION: (O-Original/R-Revised/C-Cancelled/D-Demolition/RN-Renovation)

Circle type of building below.

Notice will not be accepted unless one and only one type of project is circled below.

Friable School Project

Non-friable School Floor Tile Project

Both Friable & Non-friable School Project

CPB (Friable & Non-friable) Project

* Change being made by: Owner's Representative Contractor Owner Project Designer (circle one)

1. FACILITY INFORMATION

FACILITY NAME

School Bldg. ID #

LOCATION OF ASBESTOS CONTAINING MATERIALS (ACM) IN STRUCTURE:

BLDG. SIZE: sqft

of Flrs.

AGE

PRESENT USE:

PRIOR USE:

Future Use (Demo):

ADDRESS:

CITY

COUNTY:

ZIP:

CONTACT PERSON

PHONE:

2. SCHOOL DISTRICT/FACILITY OWNER:

District Name & Number:

Address:

City:

State, Zip:

Contact:

Phone:

Copies of abatement permission and written verification of notification to all building occupants and users from the building owner or school
board shall be submitted for public and private school facilities as required by section 855.350 of the IDPH asbestos code.

3. ASBESTOS CONTRACTOR:

Address:

City:

State, Zip:

Contact:

Phone:

4. DEMOLITION CONTRACTOR:

Address:

City:

State, Zip:

Contact:

Phone:

5. ABATEMENT INFORMATION

IS ASBESTOS PRESENT? Y N

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS USED TO PREVENT EMISSIONS AT THE DEMOLITION OR RENOVATION SITE:

6. REGULATED ASBESTOS CONTAINING MATERIAL TO BE REMOVED (RACM)		NON-FRIABLE ASBESTOS NOT TO BE REMOVED (Demolition)		NON-FRIABLE ASBESTOS TO BE REMOVED		TOTAL ASBESTOS TO BE REMOVED	NESHAPS (please circle one)	
		CAT I	CAT II	CAT I	CAT II			
Pipes (Ln ft.)							Y	N
Surface Area (Sqft.)							Y	N
Volume (Cuft)							Y	N
7. ABATEMENT DATES AND TIME								
START:			FINISH:			TIMES:		
SCHEDULED DEMOLITION DATE START:			FINISH:			TIMES:		
COOK COUNTY DOES NOT ACCEPT PHASED PROJECTS								
PHASE PROJECT?		Yes	No	START:		FINISH:	FROM:	TO:
If yes, list the approximate dates & times of the phases				START:		FINISH:	FROM:	TO:
WORKING WEEKENDS?		Yes	No	START:		FINISH:	FROM:	TO:
8. PROJECT DESIGNER ID#:				NAME:				
PROJECT DESIGNER LICENSE# AND NAME IF THIS PROJECT WAS DESIGNED BY DESIGNER								
9. INSPECTOR: ID#:				NAME:				

10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS:

NAME OF ANALYTICAL TESTING LABORATORY:

11. ASBESTOS PROJECT MANAGER ID #:

NAME:

12. AIR SAMPLING PROFESSIONAL ID#:

NAME:

13. DISPOSAL SITE

LANDFILL NAME

Address:

City:

State, Zip:

Landfill Permit#

56-5

Phone:

14. WASTE TRANSPORTER

NAME

Address:

City:

State, Zip:

Contact: T.

Phone:

If the asbestos project is non-friable, please provide the following information:**15. TRAINING INFORMATION**

Name of personnel trained under OSHA 1926.1101 and name of the training course sponsor who is approved in Illinois must be provided below. Please attach

copies of the individuals, OSHA 1926.1101 training course certificate with this notice. If the individuals are licensed as asbestos workers or supervisors, please indicate names and ID#s

(Do not include AHERA designed person training or maintenance 14 hour training.)

NAME TRAINING COURSE ID #'S

NAME TRAINING COURSE ID #'S

NAME TRAINING COURSE ID #'S

16. IS DEMOLITION ORDERED BY A GOVERNMENTAL AGENCY? Y N (If Yes, a signed copy of Order must be attached)

Governmental representative ordering the activity:

Title: n/a

Date of Order:

Ordered Demolition Date:

17. FOR EMERGENCY RENOVATION

Date and hour of emergency (mm/dd/yy):

AM/PM

Description of the sudden, unplanned event (e.g., structure in danger of imminent collapse):

18. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized or reduced to powder.**19. THE ABOVE INFORMATION IS REQUIRED PER NESHAP 40 CFR-SUBPART M-61.145, REV. NOV. 20, 1990**
ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION.I CERTIFY THAT AT LEAST ONE REPRESENTATIVE TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON SITE DURING
DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION FOR INSPECTION EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.

CERTIFICATE #

NAME OF TRAINING COURSE

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

SIGNATURE OF CONTRACTOR OR THE BUILDING OWNER'S REPRESENTATIVE

Date

IL EPA - AGENCY USE ONLY

This form shall be mailed to IL EPA, P.O. Box 19276, Springfield, IL 62794-9276

(Original signature only, photocopy not valid) for ILEPA Only.)

Date Received	Input to ACTS	Post Mark Date	To Cook/City
Champaign	LaSalle	Rockford	Marion
Springfield		Moline	
For Cook County Departmental Use Only:			
Mail form to Cook Cty. Dept. of Env. Control, 69 W. Washington #1900, Chicago, IL 60602-3004			
Date Received CCDEC	Post Mark Date	Input Into Computer	
Inspection Fee Received	Inspection Priority	TOP:	HIGH: LOW: Must be Inspected
Date(s) of Inspections			
Inspection Report Attached	YES NO	Violation copies attached	YES NO

Submit this form to the Illinois Department of Public Health at 525 W. Jefferson St., Springfield, IL 62761 or fax to 217-785-5897

Printed by Authority of the State of Illinois

P.O.#533539 SM 3/03



COOK COUNTY DEPARTMENT OF ENVIRONMENTAL CONTROL

69 W. WASHINGTON - SUITE 1900 - CHICAGO, IL 60602-3004

RESIDENTIAL DEMOLITION APPLICATION

DATE:	PERMIT FEE:	PERMIT #:	
Contractor Name:		Telephone:	
Contractor Address:		City:	Zip:
Address of Building to be Demolished:		City:	Zip:
Type of Building to be Demolished:			
Building Size:	Length:	Width:	Height:
Method of Demolition:			
Is Asbestos Present: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Post Marked Date:			
Date of Demolition to Begin:		Date of Completion:	
MUST PRINT AND SIGN NAME			
Name: _____		Title: _____	
Signature: _____			

This Permit will be subject to the following conditions:

- (1) If the structure is located in an incorporated village, town or city in Cook County, all local requirements/permits applicable to demolition renovation of structure must be satisfied.
- (2) If the structure is located in unincorporated Cook County, a permit from the Cook County Department of Building and Zoning (Suite 2830, 69 W. Washington, Chicago, IL 60602, (312)603-0500, must be obtained.
- (3) The Provisions of The Cook County Environmental Control Ordinance apply.
- (4) The SPECIAL CONDITIONS on the reverse of this form must be followed.
- (5) No facsimiles of the original will be accepted and all applications must be mailed or hand carried to this Department. The permit is valid for no more than (30) thirty days. Any changes in the starting and/or completion dates of the demolition removal schedule, must be submitted to the Department 48 hours prior to the actual demolition.
- (6) If the demolition completion date expires without notification to the Department and the actual work has not been completed, a new permit must be obtained.
- (7) In emergency situations, this Department must be notified immediately of the circumstances and a follow up letter sent explaining the details.

If any of the above conditions are not followed, the Demolition Permit will be VOIDED and enforcement measures initiated. If you have any questions concerning any of the above provisions, please contact Rudolph Trejo at (312) 603-8200.

10/11/02

SPECIAL CONDITIONS

DEMOLITION - DISMANTLEMENT - ALTERATIONS - RAZING

Toppling of Walls: When demolition by toppling occurs such reasonable measures for dust emission control as it is compatible with the type and structure shall be utilized. Before the demolition or toppling of any section or wall of structure, adequate wetting to suppress the dust shall be employed.

Wetting Procedures: Before the demolition of any section of wall, floor, roof, or other structure, adequate wetting procedures to lay the dust shall be utilized. All debris shall be thoroughly wetted before loading and while dumping into trucks, other vehicles or containers. In all cases at all stages of demolition, wetting procedures shall be adequate to lay the dust.

Transport of Debris: Trucks shall be adequately covered or enclosed to prevent dust dispersion while in transit to point of disposal.

Structural Supports - Steel and Wood Beams - Thrusts: No structural members shall be dropped or thrown from any floor but shall be carefully lowered to ground level by hoists.

Handling Procedures - Debris: Debris shall not be dropped or thrown from any floor to any floor below. In buildings six stories or greater in height, debris shall be transported from the upper floors via enclosed dust-tight chutes or via buckets. Where chutes are used, a water wetting agent spray shall be employed to saturate the debris before it reaches the point of discharge from the chute.

Demolition Precautions: Water spray fogging nozzles shall be employed within chute to effect entrainment of particulate matter when feasible. Where buckets are used, the debris shall be adequately wetted to preclude dust dispersion when buckets are dumped. In the event particulate matter becomes airborne for a continuous period of ten minutes, despite the application of the above procedures or due to freezing temperatures, preclude the use of water for laying the demolition dust, the work of demolition shall cease at once until other adequate measures can be taken.

Asbestos: Where there is asbestos containing material present, the demolition and renovation activity shall be conducted in compliance with Article X of the Cook County Environmental Ordinance, 40 CFR Part 61, Subpart M and any other applicable laws.

Demolition Excess Debris: No excess materials and debris shall be permitted to remain on the premises above grade susceptible to becoming airborne.

Utility Notification: Before a building or structure can be wrecked, the owner, wrecking company or person shall notify all utilities having service connections within the building such as water, electric, gas, sewer and other connections to prevent environmental pollution from waste water, toxic materials susceptible to electrical ignition, etc.

Demolition - Segregation of Materials: Demolition materials shall be segregated according to combustible and non-combustible. The sorting and disposal of debris in on-site special purpose containers making certain the proper precautions are undertaken for the various toxic chemicals, acids, fuel oils, cleaning fluids, paints, and other pollutants, are utilized and disposed of as prescribed by law.

COOK COUNTY DEPARTMENT OF ENVIRONMENTAL CONTROL
REVISION APPLICATION FORM

IMMEDIATELY FAX TO:
(312) 603-9828
(312) 603-8200 PHONE

MAIL ORIGINAL TO:
69 W. WASHINGTON, SUITE 1900
CHICAGO, IL 60602

For Office Use Only

Name: _____
Date: _____
Check#: _____
Amount: _____

PERMIT NUMBER _____ (NOT OPTIONAL) SUP ☐ O&M ☐

REQUEST WILL BE DISCARDED IF THERE IS NO PERMIT NUMBER!!!

REVISION NUMBER _____ (NOT OPTIONAL)

ACM MODIFICATIONS INITIAL _____ +/- NEW _____ =TOTAL _____

CONTRACTOR BEING CHANGED? *Section must be completed regardless * YES <input type="checkbox"/> NO <input type="checkbox"/>	SITE BEING CORRECTED? *Section must be completed regardless * YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
CONTACT: _____	RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>
TEN DIGIT PHONE #: _____	TEN DIGIT PHONE #: _____

DATE OR TIME MODIFICATIONS/ PERMIT EXT. (MAXIMUM 6 PER PERMIT)

ORIGINAL START	ORIGINAL END	REVISED START	REVISED END
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

HOLD ☐ CANCEL ☐ REFUND ☐ COMMENTS ☐

REASON:

SIGNATURE

DATE

TITLE

REVISION CONDITIONS

- ❖ REFUND REQUESTS MUST BE SUBMITTED PRIOR TO START DATE OF PROJECT
- ❖ ALL SPECIAL USE PERMITS AND OPERATION MAINTANENCE PROJECTS (WITHOUT EXCEPTION) MUST BE COMPLETED BY DECEMBER 31ST OF THE CALENDER YEAR ISSUED

**ALL REVISIONS MUST BE RECEIVED 48 BUSINESS HOURS PRIOR TO DATE(S)
BEING CHANGED OTHERWISE -- REQUEST WILL BE DENIED!!!!**



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276, 217-782-3397
JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601, 312-814-6026

ROD R. BLAGOJEVICH, GOVERNOR

RENEE CIPRIANO, DIRECTOR

June 2003

Dear Sir or Madam:

The State of Illinois has recently passed new legislation requiring a fee of \$150 to be paid to the Illinois EPA with each initial 10-working day notice required to be filed to perform remediation or demolition of asbestos-containing structures as required by the federal asbestos National Emission Standard for Hazardous Air Pollutants. (*See 415 ILCS 5/9.13, Illinois Environmental Protection Act*) This fee is effective July 1, 2003, and all notices postmarked on or after July 1, 2003, are subject to this fee.

This fee is required for initial 10-working day notification filed with the Illinois EPA and includes regular notices, emergency notices, ordered demolitions, and annual notices. Revised and courtesy notices do not require a fee. The fee must be submitted, along with the notification, by company check, personal check or cashier's check. **Cash or credit card will not be accepted.** Make checks payable to **Illinois EPA** and make notation that it is for asbestos fees.

Please note: In the event that the fee payment is from an account with insufficient funds to cover the fee, the 10-working day notice shall be deemed improperly filed, and the owner or operator of the site is subject to enforcement for failure to properly file the initial 10-day notification.

The fee is doubled to \$300.00 if the demolition or renovation of a site has commenced without proper filing of the 10-working day notice. This additional fee does not preclude the Illinois EPA or Attorney General's Office from pursuing enforcement action against the owner or operator for failure to file the 10-working day notice or other violations of asbestos NESHAP or the Illinois Environmental Protection Act.

This legislation also prescribes where asbestos remediation or demolition activities have not been conducted in accordance with the asbestos NESHAP, the Agency may, in addition to the fee, collect its actual costs incurred for asbestos-related activities at the site, including sampling, sample analysis, remediation plan review and activity oversight.

If you have any questions, you may call me at (217) 557-2478.

Sincerely,

Dale Halford, Manager, Asbestos Unit
Field Operations Section
Bureau of Air

NOTIFICATION OF DEMOLITION AND RENOVATION

IL 532 1296

APC 430 Rev. 11/96

Illinois Environmental Protection Agency

P.O. Box 19276, Springfield, IL 62794

Cook County Department of Environmental Control

69 W. Washington - Suite 1900, Chicago, IL 60602

The Illinois EPA is authorized to require, and you must disclose, the Information on this form pursuant to 35 Ill. Adm. Code 201.302(a,b) and 254. It is not necessary to use this form in providing the Information. Failure to disclose the Information may result in penalties Provided for in the Environmental Protection Act, 415 ILCS 5/42-45. This form has been approved by the Forms Mangement Center.

1. TYPE OF NOTIFICATION (O-Original/R-Revised/C-Canceled):

Revision Number (if applicable)		if revision, complete below *	Indicate which Item #(s) is revised from Original	
*	Change being made by:		Owner's Representative	Contractor
			Owner	(circle one)
*	Type of Project:		Friable School	Nonfriable School Floor Tile
			Both Friable & Nonfriable School	CPB
				(circle one)

2. TYPE OF OPERATION (R-Renovation/D-Demo/A-Annual/O-Ordered Demo/E-Emergency Reno.)

3. FACILITY DESCRIPTION (Building Name):

School Building ID Number:

Address:

City: County: Zip:

Location of Asbestos Containing Material (ACM) in structure:

Bldg. Size:	sqft	# of Flrs.	Age:	Present Use:
Prior Use:	Future Use (Demo):			n/a
4. IS ASBESTOS PRESENT? Y N	5. WORK HOURS:			to Working Weekends: Y N

6. SCHEDULED DATE ASBESTOS REMOVAL:

Start:

Complete:

7. SCHEDULED DATE DEMOLITION:

Start:

Complete:

8. REGULATED ASBESTOS CONTAINING MATERIAL TO BE REMOVED (RACM)		NON-FRIABLE ASBESTOS NOT TO BE REMOVED (Demolition)		NON-FRIABLE ASBESTOS TO BE REMOVED		TOTAL ASBESTOS TO BE REMOVED	NESHAPS (please circle one)
		CAT I	CAT II	CAT I	CAT II		
Pipes (Ln. Ft)						Y	N
Surface Area (Sqft.)						Y	N
Volume (Cuft)						Y	N

****IDPH (Non-Friable) School Floor Tile Training Info:** Name personnel trained underb 29 CFR 1926.1101, and name the training course provider who is approved in Illinois. Copies of certificates must be attached with this notice. Please indicate Names & ID #'s

NAME:

TRAINING COURSE ID #'S

9. ASBESTOS REMOVAL CONTRACTOR:

Address:		City:
State, Zip:	Contact:	Phone:

10. DEMOLITION CONTRACTOR: n/a

Address: n/a		City: n/a
State, Zip: n/a	Contact: n/a	Phone: n/a

11. OWNERS NAME:

Address:		City:
State, Zip:	Contact:	Phone:

12. WASTE TRANSPORTER:

Address:		City:
State, Zip:	Contact:	Phone:

13. WASTE DISPOSAL SITE:

Address:		City:
State, Zip:	Landfill Permit#	Phone:

AGENCY USE ONLY

Date Received:	Input to ACTS:	To Region	1	2	3
Post Mark Date:	To Cook/City:	Champaign:	LaSalle:		
Springfield:	Rockford:	Moline:	Marion:		

14. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS:	
ILLINOIS LICENSE NUMBER OF INSPECTOR: _____	
NAME OF ANALYTICAL TESTING LABORATORY: _____	
ASBESTOS PROJECT MANAGER: _____	
AIR SAMPLING PROFESSIONAL: _____	
PROJECT DESIGNER: _____	
15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK: METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES.	
16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS USED TO PREVENT EMISSIONS AT THE DEMOLITION OR RENOVATION SITE:	
17. IS DEMOLITION ORDERED BY A GOVERNMENTAL AGENCY? Y N (If Yes, a signed copy of Order must be attached)	
Governmental representative ordering the activity: _____	
Title: _____	Ordered Demolition Date: _____
18. FOR EMERGENCY RENOVATIONS: Date and Hour of Emergency: _____ Description of the Sudden, Unexpected Event (e.g. structure in danger of eminent collapse): _____	
19. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER.	
<p>THE ABOVE INFORMATION IS REQUIRED PER NESHAP 40 CFR-SUBPART M-61.145, REV. NOV. 20, 1990 ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION</p> <p>20. I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON SITE DURING DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.</p> <p>I CERTIFY THE ABOVE INFORMATION IS CORRECT.</p>	
Signature of Owner/Operator _____ Date _____ (Original Signature Only, Photocopy Not Valid)	
Mail this form to: IL Environmental Protection Agency, P.O. Box 19276, Springfield, IL 62794-9276	

For Cook County Departmental Use Only

Date Received CCDEC _____	Post Mark Date: _____
Input Into Computer _____	
Inspection Fee Received _____	
Inspection Priority: TOP: _____ HIGH: _____ LOW: _____	Must be Inspected: _____
Date(s) of Inspections: _____	
Inspection Report Attached: Yes _____ No _____	
Violation: (Copies Attached) Yes _____ No _____	



REC. NO. _____

NOTIFICATION OF DEMOLITION AND RENOVATION

Illinois Environmental Protection Agency

P.O. Box 19276, Springfield, IL 62794-9276

THIS INFORMATION IS REQUIRED; NESHAP-40CFR-SUBPART M-61.145, Rev. Nov. 20, 1990**ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION****1. TYPE OF NOTIFICATION** (O-Original/R-Revised/C-Canceled):**2. TYPE OF OPERATION** (R-Renovation/D-Demo/A-Annual/O-Ordered Demo/E-Emergency Renovation):**3. FACILITY DESCRIPTION** (Building Name):

Address:

City:

County:

State:

ZIP:

Location of Asbestos Containing Material (ACM) in structure:

Bldg. Size:

of Flrs.

Age:

Present Use:

Prior Use:

Future Use (Demo):

4. IS ASBESTOS PRESENT? Y N**5. WORK HOURS:***

a.m.

p.m.

6. SCHEDULED DATE DEMOLITION:

Start:

Complete:

7. SCHEDULED DATE ASBESTOS REMOVAL:

Start:

Complete:

**8. REGULATED ASBESTOS
CONTAINING MATERIAL TO BE
REMOVED (RACM):****NONFRIABLE ASBESTOS NOT
TO BE REMOVED (Demolition):****NONFRIABLE ASBESTOS TO BE
REMOVED:**

CATEGORY I

CATEGORY II

CATEGORY I

CATEGORY II

Pipes (Ln. Ft.)

Surface Area (Sq. Ft.)

Volume (Cu. Ft.)

9. ASBESTOS REMOVAL CONTRACTOR:

Address:

City:

State, Zip:

Contact:

Phone:

10. DEMOLITION CONTRACTOR:

Address:

City:

State, Zip:

Contact:

Phone:

11. OWNER NAME:

Address:

City:

State, Zip:

Contact:

Phone:

12. WASTE TRANSPORTER:

Address:

City:

State, Zip:

Contact:

Phone:

13. WASTE DISPOSAL SITE:

Address:

City:

State, Zip:

Landfill Permit #:

Phone:

-AGENCY USE ONLY-

Date Received:

Input to ACTS:

To Region 1 2 3

Post Mark Date:

To Cook/City:

Champaign:

LaSalle:

Springfield:

Rockford:

Moline:

Marion:

14. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS.

ILLINOIS LICENSE NUMBER OF INSPECTOR:

NAME OF ANALYTICAL TESTING LABORATORY:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE
DEMOLITION OR RENOVATION SITE:

17. IS DEMOLITION ORDERED BY A GOVERNMENTAL AGENCY? Y N (If Yes, a signed copy of Order must be attached.)

Governmental representative ordering the activity:

Title:

Date of Order:

Ordered Demolition Date:

18. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency:

Description of the Sudden, Unexpected Event (e.g. structure in danger of eminent collapse):

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20. I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 61,
SUBPART M, SHALL BE ON-SITE DURING DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION,
FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator Date
(Original Signature Only, Photocopy Not Valid)

A FILING FEE OF \$150 MUST BE PAID WITH EACH INITIAL 10-WORKING DAY NOTIFICATION REQUIRED BY
THE ASBESTOS NESHAP. MAKE CHECKS PAYABLE TO ILLINOIS EPA AND MAKE NOTATION THAT IT IS
FOR THE 10-WORKING DAY NOTIFICATION FEE. CASH AND CREDIT CARDS ARE NOT ACCEPTABLE. IF
THE FEE IS NOT SUBMITTED WITH THE NOTIFICATION, THE NOTIFICATION WILL BE DEEMED
IMPROPERLY FILED.

*Not required under NESHAPS.

Mail this form to: IL Environmental Protection Agency, Attn: Asbestos Unit, P.O. Box 19276, Springfield, IL 62794-9276